Members of the BSIR recently voted in favour of IR becoming a specialty in the UK. Outline how you would envisage the optimal training pathway from medical school to becoming an IR consultant

The training pathway for Interventional Radiologists (IRs) encompasses a run-through scheme with three years of core (ST1-ST3) followed by 3 years of IR training (ST4-ST6). The overwhelming endorsement of BSIR for specialisation (November 2019)[1] means that if granted, this could provide the platform for a comprehensive training pathway, the benefits of which have been seen in the USA – where IR is the most popular specialty[2]. It's clear that IRs must have the necessary confidence, competence, and comfort to treat patients with appropriate clinical knowledge of allied specialities.

Currently, Foundation Programmes (FP) incorporating Clinical Radiology are rare with only 6 deaneries offering 33 placements in total[3]. While there should be no requirement for prospective trainees to have undertaken such placements, it would be useful to increase exposure to IR during this period by offering specific **academic foundation programmes (AFPs)**. AFPs provide a dedicated research placement, and could deliver an opportunity for medical students to consider IR as a career choice while choosing their foundation track.

The 'run-through' element of Radiology training remains an incredibly attractive feature[4], and I propose that it remains. However, increasing the training period by 1 year (*Fig.1*) with an **Allied Specialty Training Year (ASTY)** could be an option.

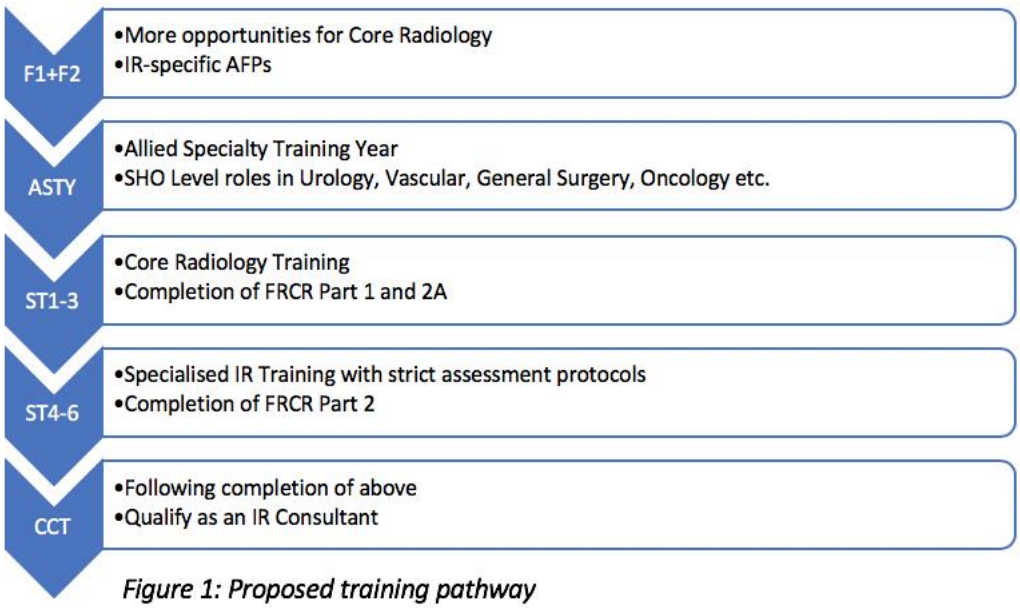

Figure 1: Proposed training pathway

ASTY

While IRs' understanding of imaging and anatomy is second to none, they are not exposed to the actual day to day management of the conditions they are referred to treat. This results in significant knowledge gaps that may potentially compromise patient safety[5]. The biggest change I propose would be introducing an **ASTY**. This would involve three placements at SHO level, within specialties where IR offers a significant avenue for treatment, such as Urology and Vascular. The ASTY would allow trainees to gain a better understanding of the indications

and clinical scenarios they would encounter in the future. During this period, there would be weekly teaching sessions providing an introduction to Core Radiology and IR.

ST1-3

The term 'image guided surgeon' indicates that it's essential that 'imaging' lies at the heart of IR. Therefore, core radiological training must still be covered. This period would remain similar to the established training pathway with no significant modifications. ST3 would include an introduction to basic IR skills.

ST4-6

Dr Raman Oberoi, past president of BSIR, has argued that 'the training of IRs is patchy'. Therefore, training must revolve around having 'intimate knowledge of clinical management, techniques, procedures and equipment [...] that the interventionalist may use.'[6] ST4 and 5 would be aimed at covering multiple allied specialties, with specific interests targeted in ST6. In addition to the FRCR 2B exam, there must also be **IR-specific standardised assessments** with compulsory procedural competencies, in accordance with the current RCR IR Curriculum. After completion of these, an IR CCT can be awarded.

I believe the above pathway addresses certain gaps within the current IR training pathway:

- Opportunities to gain exposure to IR in FP by introducing **AFPs**.
- **ASTY** to address knowledge gaps in allied specialties.
- **Strict and standardised assessment protocols** with IR specific compulsory competencies.

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